

DEFERRED PAYMENT REQUEST FORM

FILL OUT THIS SECTION IF YOU ARE REQUESTING A PAYMENT PLAN FOR YOUR INDIVIDUAL TAXES

Name: _____

Last *First*

Address: _____

Street Address *Apartment/Unit #*

City	State	ZIP Code
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Home Phone: () Daytime Phone: ()

E-mail Address: _____

Primary Social Security Number : _____

Secondary Social Security Number : _____

FILL OUT THIS SECTION IF YOU ARE REQUESTING A PAYMENT PLAN FOR YOUR BUSINESS

Business name: _____ NJ Registration # / FEIN: _____

Address: _____

Street Address *Apartment/Unit #*

City _____ State _____ ZIP Code _____

Business Phone: () Alternate Phone: ()

E-mail Address: _____

Responsible Officer(s) _____ Social Security Number _____
Use additional sheets if necessary

CONTACT INFORMATION IF DIFFERENT FROM ABOVE

Name: _____

Address: _____

Street Address *Apartment/Unit #*

City _____ State _____ ZIP Code _____

Primary Phone: () Alternate Phone: ()

PAYMENT INFORMATION

Amount of Debt: \$

Amount of Monthly Payment: \$

Day of Month Payment Due:

All request forms will be reviewed by the New Jersey Division of Taxation Deferred Payment Section and are subject to change.

Taxpayer Signature _____ Date _____

SEND COMPLETED FORM TO:
NEW JERSEY DIVISION OF TAXATION
DEFERRED PAYMENT CONTROL CENTER
PO BOX 190
TRENTON, NJ 08695-0190